

	Jamaica Business Development Corporation		
	TITLE: Consultancy Registration Application	DIVISION: Incubator Resource Centre	DATE EFFECTIVE: October 1, 2021
	DOCUMENT NUMBER: JBDC/IRC/SOP/001/F01	REVISION NUMBER: 0.0	DATE REVISED: N/A

Please complete all areas by selecting the appropriate option or completing in block letters. **(Form 1.1)**

GENERAL		
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Select the applicable option:
 Do you operate as: An individual Consultant Company Agency Institution SBDC ~~Á~~ Partnership

Name of Company / Agency/Institution/SBDC ~~Á~~ Partnership: _____

This section may be completed by the Individual Consultant or Main Representative completing the form on behalf of the Company, Agency etc. The information provided in this section should therefore be based on the nature of the application. E.g. Associated Company information for Company Representatives.

Last	First	MI	TRN / BUSINESS REG. NO.	NIS	Email
Street Address			City	ST	Zip
Home Phone			Mobile		
Are you entitled to work in Jamaica?		Gender	Date of Birth dd/mm/yyyy		
Have you ever been convicted by a court of law?			If yes, please explain:		

Main areas of specialisation for Individual/ Company/Agency/ Institution/SBDC:

Please list the name of the Main Partners/Representatives and their specific areas of specialization if applying on behalf of a Company, Agency, Institution, SBDC, Partnership:

1. Name	Specialisation:
2. Name	Specialisation:
3. Name	Specialisation:
4. Name	Specialisation:
5. Name	Specialisation:
6. Name	Specialisation:

N.B.*Please ensure that a resume, outlining each partners experience and qualifications along with other required documents are submitted for the Representatives listed above.*

What area of consultancy are you applying for? (Select the areas most suited based on qualification & experience)	
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(a) Strategic Management	
(b) Financial Management	
(c) Research	
(d) Market Research	
(e) Marketing & Sales	
(f) Customer Service	
(g) Operations Management	
(h) Product Development	
(i) Product Service & Delivery	
(j) Human Resource	
(k) Information Technology	
l) Project Management	
m) Risk & Corporate Governance	
(n) Other (Name area)	

Expected Hourly Rate	
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N.B. Individuals will be assessed and rated based on information provided in the following areas. Please ensure that these areas are completed to the best of your ability. Representatives of Companies etc. may opt to utilize the applicable experiences

EMPLOYMENT HISTORY

	Current or Most Recent		Prior Employment		Prior Employment		Prior Employment	
Employer								
Address								
City								
Telephone								
Contact Person(s)								
Dates of Employment	From	To	From	To	From	To	From	To

	Current or Most Recent		Prior Employment		Prior Employment		Prior Employment	
Employer								
Address								
City								
Telephone								
Contact Person(s)								
Dates of Employment	From	To	From	To	From	To	From	To

EXPERIENCE – CONSULTANCY/TRAINING

	Current or Most Recent	Prior Client	Prior Client	Prior Client
Name of Client				
Company/Project				
Address				
Job Outcome				
Contact Numbers				
Contact Person				
E-mail				

	Current or Most Recent	Prior Client	Prior Client	Prior Client
Name of Client				
Company/Project				
Address				
Job Outcome				
Contact Numbers				
Contact Person				
E-mail				

REFERENCES

Please ensure that the references listed below, are also listed in your work experience/consultancy experience. They must be individuals that would have had direct experience working with the Individual Consultant/Company etc.

Name:

Company Name:

Type of Affiliation:

Date of Affiliation:

Email Address:

Local Mobile #:

Name:

Company Name:

Type of Affiliation:

Date of Affiliation:

Email Address:

Local Mobile #:

QUALIFICATIONS

	Name	Year of Completion	Degree/Diploma/Certificate	Major
Institution				

PROFESSIONAL CERTIFICATION

Body	Year of Completion	Certification	

List any applicable special skills, training or proficiencies.

PHOTOGRAPH

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

	Date
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For Official Use Only

Years of experience:

Training _____

Type _____

Consultations _____

Type _____

Specialised Area _____

Type _____